

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

2006 MAY 12 AM 6:58 stamp

CALIFORNIA 2001/02 FORM 460

Page 1 of 29 For Official Use Only

Statement covers period from 01-01-04 through 06-30-04 Date of election if applicable: APRIL 2005

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment (Explain below)
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

change of Contributions Name

3. Committee Information

I.D. NUMBER 1265291

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) RE ELECT. BOB. YOUSEFJIAN
STREET ADDRESS (NO P.O. BOX)
CITY GLENDALE STATE CA ZIP CODE 91206 AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER ARMINEH S. CHELEBIAN
MAILING ADDRESS
CITY WINNETKA STATE CA ZIP CODE 91306 AREA CODE/PHONE
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 5-11-06 Date
Executed on 5-11-06 Date
Executed on Date
Executed on Date

By [Signature] Signature of Treasurer or Assistant Treasurer
By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By Signature of Controlling Officeholder, Candidate, State Measure Proponent
By Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 01-01-04  
through 06-30-04

**CALIFORNIA  
FORM 460**

Page 5 of 29

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RE ELECT BOB. YOUSEFIAN

I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4-23-04	GLENDALE MANAGEMENT ASSOC. <del>XX</del> 91209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="checked" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3000-	3000-	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

- 1. Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- 2. Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- 3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

**\*Contributor Codes**  
IND - Individual  
COM - Recipient Committee  
    (other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

FROM :ASC

FAX NO. :818 772 8176

Apr. 14 2006 05:23AM P6



**GLENDALE CITY EMPLOYEES  
FEDERAL CREDIT UNION**  
613 EAST BROADWAY  
GLENDALE, CALIFORNIA 91206  
(818) 548-3978 • FAX (818) 545-7823

**BANK OF AMERICA**  
Customer Service  
180 Gateway Blvd., Glendale, CA 91204  
76-631820

139917

LINE 139917  
REF# 313833

\*\*\*THREE THOUSAND AND 00/100 DOLLARS\*\*\*

Pay to the order of:

COUNCILMAN YOUSEFIAN  
RE: GLENDALE MANAGEMENT ASSOC.

Date  
04/23/04

Amount  
\*\*3000.00\*\*

TWO SIGNATURES REQUIRED FOR ALL DEPOSITS

*[Handwritten Signature]*  
AUTHORIZED SIGNATURE

⑆139917⑆ ⑆122000000⑆ ⑆000000000000⑆ ⑆000000000000⑆

THE REVERSE SIDE OF THIS DOCUMENT MUST HAVE AN ACTIVE SECURITY MARKER FOR YOUR PROTECTION

*Deposit made 4-29-04*

*Deposit #2*

18